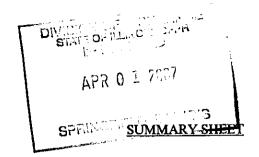
Ch	ange in Company's premium or rate le	evel produced by rate revision effective	4-1-07
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinols)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private		
	Passenger Commercial		
2.	Automobile Physical Damage		
	Private Passenger Commercial		
3.	Liability Other Than Auto	· · · · · · · · · · · · · · · · · · ·	
4.	Burglary and Theft		
5.	Glass		
	Fidelity		
7.			
	Boiler and Machinery		
	Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
	Other Workers Compensation	\$17,256,654	4.96%
10.	Line of Insurance	Ψ17,230,03 4	4.90 //
Do	es filing only apply to certain territory ((territories) or certain classes? If so, specify:	No
	and the state of t	,	
			
Brid	ef description of filing. (If filing follows	rates of an advisory organization, specify or	ganization): We are filing to adopt the
NC	CI changes approved by circular IL-20	006-11. In addition, we are adopting the clas	s code changes outlined in circular
	0000.40		
			
*Ac	ljusted to reflect all prior rate changes		
		hich will result from application of new rates	
	7 3 1	,,	
		Allied P8	C Insurance Company
			Name of Company
			• •
		_ Marie T. Safr	eed, State Filing Specialist
			Official - Title



(3) Percent Change (+ or -)**
5.4%
so, specify: No n, specify organization): We are filing to adopt the opting the class code changes outlined in circular
of new rates. AMCO Insurance Company Name of Company Marie T. Safreed, State Filing Specialist
-





	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
_	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6. 7.	Fidelity		
7. 8.	Surety Railward Maskinson		
8. 9.	Boiler and Machinery Fire		
9. 10.			
	Extended Coverage Inland Marine		
11. 12.	Homeowners		
12. 13.	Commercial Multi-Peril		
14. 15.	Crop Hail Other Workers Compensation	\$4,365,768	-5.4%
1).	Line of Insurance	34,303,700	

Change in Company's premium level which will

American Economy Insurance Company

Name of Company

H29219D

* Adjusted to reflect all prior rate changes.

result from application of new rates.

DIVISION OF DAY ANDESTATE OF ILLINOIS

SPRINGFIELD, ILLINOIS

Patty McCollum, CPCU Assistant Vice President

Official - Title

SUMMARY SHEET

FORM (RF-3)

Change in Co Effective M	ompany's premium or rat ay 1, 2007	e level produced by	rate revision
(1)		(2)	(3)
. ,		al Premium	Percent
<u>Coverage</u>	<u>Volum</u>	e (Illinois)*	<u>Change (+ or -)**</u>
Automobile Liability Private Passenger Commercial			
2. Automobile Physical Private Passenger Commercial	Damage		
3. Liability Other Than	Auto		
4. Burglary and Theft			
5. Glass			
6. Fidelity		-	
7. Surety	· · · · · · · · · · · · · · · · · · ·		
8. Boiler and Machiner			
9. Fire			
10. Extended Coverage			
11. Inland Marine			
12. Homeowners	- '. '		
13. Commercial Multi-Pe			
14. Crop Hail			
15. Other Workers Co.	mp \$14	,551,000	+0.8%
	<u> </u>		
Does filing only apply to If so, specify:	certain territory (territor	ies) or certain classes	? No
	g. (If filing follows rates of Canization): Circular IL-		option/Delay
*Adjusted to reflect all s **Change in Company's result from application	premium level which wil	1	
		AMEDICANIEAN	MILY MUTUAL INS. CO.
	Annual separate designation of the separate control of		
DIVIS	TEOFILL COMPARED	James P. Wey	me of Company ห
	7 7 O 1 2 7	0	
Ì	MMY 0 1 7007		official - Title
1		1	•
SPF	RINGFIELD, ILLINOIS	James P. Meyer,	

Senior Pricing Analyst/Filings

JAN 2 9 2007

JAN 2 9 ZUU

Form (RF-3) SUMMARY SHEET

IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD

	Change in	n Company's premium or ra	ate level produced by rate revision effective	03/01/2007
		(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
			· · · · · · · · · · · · · · · · · · ·	Shange (St.)
1.		obile Liability e Passenger		
		nercial	· · · · · · · · · · · · · · · · · · ·	
2.		obile Physical Damage e Passenger		
	Comn	nercial	 	
3.	Liabilit	y Other Than Auto		
4.	Burglai	ry and Theft		
5.	Glass			
6.	Fidelity	/		
7.	Surety			
8.	Boiler a	and Machinery		
9.	Fire			
10.	Extend	ed Coverage		
11.	Inland	Marine		
12.	Homeo	wners		
13.	Comme	ercial Multi-Peril		
14.	Crop H	ail		
15.	Other	Workers' Compensation	\$1,639,190	-2.3%
		Line of Insurance	•	
Does t	filing only	apply to certain territory (territories) or certain classes? If so, specify:	
		NCCI advisory loss c	vs rates of an advisory organization, specify or osts and rating values effective Januar	
			Levising Effective Date	
		- - · -		

* Adjusted to reflect all prior rate changes.

American Guarantee &
Liability Insurance Company

Name of Company

Denise Goode, Secretary

Official - Title

^{**} Change in Company's premium level which will result from application of new rates.

SUMMARY SHEET APR 0 1 2007

		(1)	(2) Annual Premium	(3) Percent
		<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automo	bile Liability		
		e Passenger		
	Comm			
2.		bile Physical Damage		
		e Passenger		
_	Comm			
3.		y Other Than Auto		
4.	Burgiar Glass	y and Theft		
5.		_		
6. 7.	Fidelity	,		
7. 8.	Surety	and Machinery		
9.	Fire	and Macamiery		
10.		ed Coverage		
11.	Inland	_		
12.	Homeo	· 		
13.		ercial Multi-Peril		
14.	Crop H	ail		
15.	Other	Workers Compensation	\$ 5,222,378	-6.9%
		Line of Insurance		

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

American States Insurance Company

Name of Company

Patty McCollum, CPCU Assistant Vice President

Official - Title

H29219D

JAN 2 9 200/

SUMMARY SHEET

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD Change in Company's premium or rate level produced by rate revision effective 03/01/2007 (1) (2) (3) **Annual Premium** Percent Volume (Illinois)* Change (+ or -)** Coverage Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto

4.	Burgiary and Theft			
5.	Glass		-	
6.	Fidelity		•	
7.	Surety		-	
8.	Boiler and Machinery		•	
9.	Fire	· · · · · · · · · · · · · · · · · · ·	•	
10.	Extended Coverage		•	
11.	Inland Marine		•	
12.	Homeowners		•	
13.	Commercial Multi-Peril		•	
14.	Crop Hail	• • • •	•	

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

\$9,102,921

Brief description of filing. (If filing follows rates of an advisory organization, specify organization); Adoption of NCCI advisory loss costs and rating values effective January 1, 2007

> evisins Effective

* Adjusted to reflect all prior rate changes.

Workers' Compensation Line of Insurance

Change in Company's premium level which will result from application of new rates.

> American Zurich Insurance Company

+3.2%

Name of Company

Denise Goode, Secretary Official - Title

Form (RF-3)

1.

2.

3.

15.

Other

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate leve	produced by rate revision effective	May 1, 2007
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
7. Surety	· 	
8. Boiler and Machinery		
- -		
11. Inland Marine		
12. Homeowners		<u></u>
13. Commercial Multi-Peril		
14. Crop Hail	2,539,689	-2.8
15. Other Workers Compensation	2,339,069	
Line of Historice		
Does filing only apply to certain territory (ter	tes of an advisory organization, specify o	rganization): Delay adoption of NCCI
rates, change our deviation from 1.02 to 1.0	00 and adopt the seven hazard groups refe	erence in NCCI Item Filing B-1403, to
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which	ch will result from application of new rates.	
	A	a lacurana Campani
		e Insurance Company lame of Company
	P	iame of Company
	Tracylloco	tt - Compliance Analyst I
	Tracy Opco	Official – Title

MAM 0 1 2007

Change in Company's premium or rate level	produced by rate revision effective	May 1, 2007
(1) Coverage	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
		
Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage		
Drivete December Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire	· · · · · · · · · · · · · · · · · · ·	
10. Extended Coverage 11. Inland Marine		
11. Inland Manne 12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	13,083,117	+6.4
Line of Insurance		
rates, change our deviation from 1.13 to 1.2 to be effective May 1, 2007.	0 and adopt the seven hazard groups	referenced in NCCI Item Filling B-1403,
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which	Amerisure	es. Mutual Insurance Company Name of Company ocott - Compliance Analyst I Official - Title
		RECEIVED
		JAN 2 9 2007
	" William Jan Jan	SPRINGFIELD
	1503 1 0 1 2001	
	INCOME TELD, ILL	15,012

JAN 2 9 2007

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

Form (RF-3)

SUMMARY SHEET

	Change in	n Company's premium or ra	nte level produced by rate revision effective	03/01/2007
		(1)	(2)	(3)
		Coverage	Annual Premium Volume (!!linois)*	Percent Change (+ or -)**
1.	Privat	obile Liability e Passenger nercial		
2.	Autom- Privat	obile Physical Damage e Passenger nercial		
3.	Liabilit	y Other Than Auto		
4.	Burglai	ry and Theft		
5.	Glass			
6.	Fidelity	/		
7.	Surety			
8.	Boiler a	and Machinery		
9.	Fire			
10.	Extend	ed Coverage		
11.	Inland	Marine		
12.	Homeo	wners		
13.		ercial Multi-Peril		
14.	Crop H	ail		
15.	Other	Workers'	\$1,289,947	+4.3%
		Compensation		
		Line of Insurance		
Does i	filing only	apply to certain territory (territories) or certain classes? If so, specify:	
			vs rates of an advisory organization, specify costs and rating values effective Januar	
		 	Revising Refertive A	040
			perising Effective N	(1-
* A	diusted to	reflect all prior rate change	es.	

- Change in Company's premium level which will result from application of new rates.

Assurance Company of America Name of Company

Denise Goode, Secretary Official - Title

FEB - 6 2007

IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 05/01/07

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	Change (+ or -) **
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners	·	
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	\$639,056	-0.3%
Line of Insurance		
Does filing only apply to certain If so, specify: No.	territory (territories	of Cercain Classes:
Brief description of filing. (If organization		of an advisory
Adopting NCCI rates as found in No	CCI Circular IL-2006-1	l.
		OURANCE (DEPR
		77-24
* Adjusted to reflect all prior i ** Change in Company's premium lev result from application of new	vel which will	1.
		SPERM
	Citizens Insurance Co	mpany of America
	Name of Co	
	Name Of Co	mparry
	Michele L. Holm - Sr.	Pricing Analyst
	Official -	
H29219D	Ollicial	14-20

Form (RF-3)

FEB - 6 2007

IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 05/01/07

(1)	(2) Annual Premilium	(3) Percent
Cororada	Volume (Illinois)*	Change (+ or -)**
Coverage	voidine (Tilliois)	didiige (1 or 7
1. Automobile Liability	ļ	
Private Passenger		
Commercial	<u> </u>	
2. Automobile Physical Damage	SPY	÷
Private Passenger Commercial	OFF.	
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	\$3,478,034	0.8%
Line of Insurance		
Does filing only apply to certain If so, specify: No.	territory (territories)or	certain classes?
Brief description of filing. (If organization, specify organization	n):	n advisory
Adopting NCCI rates as found in No	CCI Circular IL-2006-11.	
* Adjusted to reflect all prior s ** Change in Company's premium less result from application of new	vel which will	
	Citizens Insurance Company	y of Illinois
-	Name of Compan	
	•	
	Michele L. Holm - Sr. Pri	cing Analyst

Official - Title

ILLINOIS SUMMARY SHEET

FEB - 1 2007

FORM RF-3

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DIVISION OF INSURANCE
SPRINGFIELD

Change in Company's premium or rate level produced by rate revision effective January 1, 2007

(1) Coverage	(2) Annual Premium	(3) Percent
4. Automobile Liebille.	Volume (Illinois)*	Change (+ or -)**
1. Automobile Liability		
Private Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	•	
15. Workers Compensation	820,652	0
16. Other	020/032	
Line of Insurance		
07.7754.400		
oes filing only apply to certain territory (territories) or certain	n classes? If so, specify	·
rief description of filing (if filing follows rates of an advisory	organization, specify organiza	ation)
,		

Jest 0 1 2007

SPRINGFIELD, ILLINOIS

Adjusted to reflect all prior rate changes.

Change in Company's premium level which will result from application of new rates.

Clarendon National Insurance Company

Name of Company

Official - Title

JAN 2 9 2007

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

Form (RF-3)

SUMMARY SHEET

	Change in Company's premium or ra	te level produced by rate revision effective	03/01/2007
	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation Line of Insurance	\$74,875	+0.3%
Does t	filing only apply to certain territory (to	erritories) or certain classes? If so, specify:	
		s rates of an advisory organization, specify of osts and rating values effective Januar Revisions Effective	
** C	djusted to reflect all prior rate change hange in Company's premium level w sult from application of new rates.		

Colonial American Casualty & Surety Company

Name of Company

Denise Goode, Secretary

Official - Title

Cha	ange in Company's premium or rate leve	produced by rate revision effective	6/1/2007 NB & RB
	(4)	(2)	/31
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
	<u>Coverage</u>	volume (iiiiiois)	Change (+ or -)
1.	Automobile Liability Private		
•	Passenger Commercial		
2.	Automobile Physical Damage		
	Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
, . 8.	Boiler and Machinery		
9.	Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
15.	Other Workers Compensation	\$21,440,177	2.5%
	Line of Insurance		
	justed to reflect all prior rate changes. hange in Company's premium level whic	h will result from application of new rates.	
		Consolidal	ed Insurance Company
			me of Company
		··-	,
		Tammy Blake.	
		•	Sr. Analyst, Regulatory Filing
		(Sr. Analyst, Regulatory Filing
			Sr. Analyst, Regulatory Filing Official – Title
		•	
		•	

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

DEC 2 2 2006 IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD

Change in Company's premium or rate level produced by rate revision effective

June 1, 2007 (3) (2) (1) Percent **Annual Premium** Volume (Illinois)* Change (+ or -)** Coverage 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. **Boiler and Machinery** 9. 10. Extended Coverage Inland Marine 11. 12. Homeowners Commercial Multi-Peril 13. 14. Crop Hail 2.0% Other Workers Compensation 312,400 (CY2005) 15. Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Brief description of filing. (If filing follows rates of an advisory organization, specify organization): To adopt NCCI's 1/1/2007 loss costs

Crum & Forster Indemnity Company

Name of Company

^{*}Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.

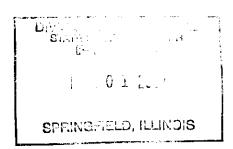
(1)			
_		(2) Annual Premium	(3) Percent
<u>Coverage</u>		Volume (Illinois)*	<u>Change (+ or -)**</u>
Automobile Liability Propagation Passenger Comm			
Automobile Physical D Private Passenger	Damage		· · · · · · · · · · · · · · · · · · ·
3. Liability Other Than A			
4. Burglary and Theft			
5. Glass			
6. Fidelity			
7. Surety			
8. Boiler and Machinery			
9. Fire			
10. Extended Coverage			
11. Inland Marine			
12. Homeowners			
13. Commercial Multi-Peri			
14. Crop Hail			
15. Other Workers Compe	ensation	\$570,413	4.1%
Line of Insur	rance		
	If filing follows rates o	ies) or certain classes? If so, speci f an advisory organization, specify . In addition, we are adopting the	fy: No organization): We are filing to adopt the class code changes outlined in circular
Brief description of filing. (NCCI changes approved I IL-2006-10.			
NCCI changes approved I			



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level	produced by rate revision effective	03/01/2007
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage		
3. Liability Other Than Auto		
A Burglany and Thoff		
5 Close		
6. Fidelity	-	
7. Surety		
9. Fire		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation Line of Insurance	14, 000,000	+0.5%
Does filing only apply to certain territory (terr	itories) or certain classes? If so, specify: _	
Brief description of filing. (If filing follows ra advisory loss costs with a loss cost multiplier		organization): <u>Adopting 1/1/07 NCCI</u>
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which	n will result from application of new rates.	
anange in a company a promisent rate trible		
	Everest Nation	onal Insurance Company
		ame of Company
	George Sc	gelken - Vice President
		Official - Title



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IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD Illinois

JAN 1 6 2007

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

ILLINOIS SUMMARY SHEET

FORM RF-3

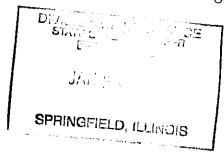
Change in Company's premium or rate level produced by rate revision effective 1-26-07

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Synapsy	Volume (Illinois)*	Change (+ or –)**
7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril		
14. Crop Hail 15. Workers Compensation 16. OtherLine of Insurance Does filing only apply to certain territory (territories) or certain cla	3.608,479 .sses? If so, specify	+12%
Brief description of filing (if filing follows rates of an advisory orga		on)

Adjusted to reflect all prior rate changes.

Change in Company's premium level which will result from application of new rates.

Federated Rural Electric Ins. Exchange Name of Company Ahnette Alexander, Actuarial Analyst Official — Title



SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective May 1, 2007

	(1)	(2) Annual Premium	(3) Percent <u>Change (+ or -) **</u>
	<u>Coverage</u>	Volume (Illinois) *	Change (+ or -)
1.	Automobile Liability Private Passenger		
2.	Commercial Automobile Physical Damage Private Passenger		
	Commercial		
3.	Liability Other Than Auto	A Company of the Comp	
4.	Burglary and Theft		
5.	Glass	, 1, 31	
6.	Fidelity		
7.	Surety	12.015	
8.	Boiler and Machinery		
9.	Fire	·	
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation Line of Insurance	15,489,765	2.5%
N Brie	es filing only apply to certain territory (ter o ef description of filing. (If filing follows rate for the are revising our multiplier and deviation	tes of an advisory organization	, specify organization):
_0	ur premium level.		
** C	Adjusted to reflect all prior rate chang thange in Company's premium level which ill result from application of new rates.	ch	ederated Mutual Ins. Co.
		Nam	e of Company
			on - Vice President
		Oi	ficial – Title

Form	(RF-3)	JMMARY SHEET	En Andrew
	Change in Company's premote in		by rate
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois) *	Change (+ or -) **
1.	Automobile Liability Private Passenger		
2.	Commercial Automobile Physical Damage Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		·
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail	N	
15.	Other Workers' Compensation Line of Insurance	75,274	2.5%
 Brief	f description of filing. (If filing follows ra	ates of an advisory organizati	on, specify organization):
_W	e are revising our multiplier and deviat		

Federated Service Ins. Co.
Name of Company
Brad Hanson – Vice President
Official - Title

^{*} Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will result from application of new rates.

JAN 2 9 2007

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

Form (RF-3)

SUMMARY SHEE

	Change ii	i Company's premium or ra	the level produced by rate revision effective	03/01/2007
		(1)	(2) Annual Premium	(3) Percent
		Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
l.		obile Liability te Passenger		
	Comr	nercial		
2.		obile Physical Damage te Passenger		
	Comr	mercial		
3.	Liabilit	ty Other Than Auto	· · · · · · · · · · · · · · · · · · ·	
4.	Burgla	ry and Theft		
5.	Glass			
6.	Fidelity	У		
7.	Surety			
8.	Boiler	and Machinery		
9.	Fire			
10.	Extend	ed Coverage		
11.	Inland	Marine		
12.	Homeo	owners		
13.	Comme	ercial Multi-Peril		
14.	Crop H	lail		
15.	Other	Workers' Compensation	\$1,318,122	+0.2%
		Line of Insurance		
Does f	iling only	apply to certain territory (1	territories) or certain classes? If so, specify:	
D . C .		eer arer en		
			rs rates of an advisory organization, specify o	
Ado	puon or	incci advisory ioss co	osts and rating values effective Januar	
			Revising Effective Nat	<i>p</i>

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

Fidelity & Deposit Company of Maryland

Name of Company

Denise Goode, Secretary
Official - Title

SUMMARY SHEET

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
	Automobile Liability		
	Private Passenger		
	Commercial		
:	Automobile Physical Damage		
	Private Passenger		
	Commercial		
	Liability Other Than Auto		<u></u>
1.	Burglary and Theft		
5.	Glass		
j.	Fidelity		
	Surety		
١.	Boiler and Machinery		
١.	Fire		
	Extended Coverage		
	Inland Marine		
·.	Homeowners		
j.	Commercial Multi-Peril		
١.	Crop Hail		
7.	Other Workers Compensation	\$4,175,263	0.6%

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

First National Insurance Company of America

Name of Company

Patty McCollum, CPCU Assistant Vice President

Official - Title

H29219D

Form	100 h 120.	SUMMARY SHEET	0.4/01/0007
(change in Company's premium or re	ate level-produced by rate revision effective	04/01/2007
	SPAINGH	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto	-	
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety	· · · · · · · · · · · · · · · · · · ·	
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12. 13.	Homeowners Commercial Multi-Peril		
13.	Crop Hail		
15.	Other Workers Compensation	\$ 1,939,619	-5.6%
13.	Line of Insurance	0 1,707,017	3.070
Does f	filing only apply to certain territory	(territories) or certain classes? If so, specify:	

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Effective 4/1/07, we wish to adopt NCCI's loss costs and minimum premium formula and decrease our LCM.

* Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will result from application of new rates.

General Insurance Company of America

Name of Company

Patty McCollum, CPCU Assistant Vice President

Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective May 1, 2007 . (2)

(1)	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
<u>Coverage</u>	volume (lilinois)	Change (+ OI -)
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety 8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	10 000 242	.0.10
15. Other Workers Compensation Line of Insurance	10,208,343	+0.1%
Does filing only apply to certain If so, specify:	territory (territories)	or certain classes?
Brief description of filing. (If organization, specify organization		tes with rating value
exceptions to be effective May 1,	2007 for new and renewa	L business.
		SINIE OF ELLIPSING PINE
* Adjusted to reflect all prior r ** Change in Company's premium lev	vel which will	13AY 0 1 2007
result from application of new	rates.	SPRINGFIELD, ILLINOIS
	Grinnoll Mutual Boine	Irango Company
· · · · · · · · · · · · · · · · · · ·	Grinnell Mutual Reinsu Name of Comp	
	name of comp	4
	Karen Bethea - A	
H29219D	Official - T	itle

FEB - 6 2007

IDFPR (MPC) DIVISION OF INSURANCE

Form (RF-3)	SUMMARY SHEET	DIVISION OF INSURAN
,	STATE CHILD STATE	SPRINGFIELD
Change in Company's premi revision effective 05/01	um or rate level produced by	rate
(1)	(2)	(3)
Coverage	SPANCAFELBY ALTONOMIS	Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine		
12. Homeowners 13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	\$1,827,286	0.2%
Line of Insurance		
Does filing only apply to certain If so, specify: No.	n territory (territories)or c	ertain classes?
Brief description of filing. (If organization, specify organization		advisory
Adopting NCCI rates as found in N	NCCI Circular IL-2006-11.	
* Adjusted to reflect all prior ** Change in Company's premium le result from application of new	evel which will	
	Hanover Insurance Com	mpany
	Name of Company	

Michele L. Holm - Sr. Prining Analyst
Official - Title

Change in Company's premium or rate le	evel produced by rate revision effective	6/1/2007 NB & RB
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage	· · · · · · · · · · · · · · · · · · ·	
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		-
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		·
15. Other Workers Compensation	\$3,663,169	-7.0%
Line of Insurance		·
	(territories) or certain classes? If so, specify: rates of an advisory organization, specify orga	nization): NCCI
*Adjusted to reflect all prior rate changes **Change in Company's premium level v	vhich will result from application of new rates. Indiana li Nam	nsurance Company ne of Company r. Analyst, Regulatory Filing
		fficial - Title

JAN 2 9 2007

Form (RF-3)

1.

2.

3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15.

SUMMARY SHEET

| Change in Company's premium or ra | te level produced by rate revision effective | 03/01/2007 |
|-----------------------------------|--|-------------------|
| (1) | (2)
Annual Premium | (3)
Percent |
| Coverage | Volume (Illinois)* | Change (+ or -)** |
| Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| Liability Other Than Auto | | |
| Burglary and Theft | | |
| Glass | | |
| Fidelity | | |
| Surety | | |
| Boiler and Machinery | | |
| Fire | | |
| Extended Coverage | | |
| Inland Marine | | |
| Homeowners | | |
| Commercial Multi-Peril | | |
| Crop Hail | | |
| Other Workers' | \$3,869,628 | +3.0% |
| Compensation | | |
| Line of Insurance | | |

Does

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of NCCI advisory loss costs and rating values effective January 1, 2007

> Revisins 4 Pleative

- * Adjusted to reflect all prior rate changes.
- Change in Company's premium level which will result from application of new rates.

| Maryland Casualty | Insurance |
|-------------------|-----------|
| Company | |

Name of Company

Denise Goode, Secretary Official - Title

FEB - 6 2007

DIFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

Form (RF-3)

SUMMARY SHEET

| Change in Company's premium revision effective 05/01/0 | n or rate level produced 7 | by rate |
|--|----------------------------|-------------------|
| (1) | (2) Annual Premium | (3) Percent |
| C <u>overage</u> | Volume (Illinois)* | Change (+ or -)** |
| 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 0. Extended Coverage 1. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation Line of Insurance | \$2,582,882 | 0.6% |
| Coes filing only apply to certain If so, specify: No. | | |
| | | |
| Brief description of filing. (If organization, specify organization | ı): | an advisory |
| Adopting NCCI rates as found in NC | CT CIRCUIAL IL-2006-II. | |
| | /_ | |
| * Adjusted to reflect all prior r
** Change in Company's premium lev
result from application of new | vel which will f | C 7 2007 |
| | Massachusetts Bay Insur | rance Company |
| | Name of Compa | any C/S |
| | Michele L. Holm - Sr. Pr | cicing Analyst |
| | Official - Ti | tle |

| Chan | ige in Company's premium or rate lev | el produced by rate revision effective | | 6/1/2007 NB & RB |
|-------|---|--|---------------------------|--|
| | (1)
<u>Coverage</u> | (2)
Annual Premium
Volume (Illinois)* | ' ! | (3)
Percent
<u>Change (+ or -)**</u> |
| 2. | Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Burety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers Compensation Line of Insurance | \$9,239,620 erritories) or certain classes? If so, spe | | -4.3% |
| Brief | description of filing. (If filing follows ra | ites of an advisory organization, specif | fy organiza | ition): NCCI |
| | sted to reflect all prior rate changes. ange in Company's premium level wh | ich will result from application of new r | ates. | |
| | | The f | | nsurance Company
Company |
| | | Tammy | Blake, Sr. An
Official | alyst, Regulatory Filing |

JAN 2 9 2007

Form (RF-3)

SUMMARY SHEE

IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD

Official - Title

| | Change in Company's premium or re | ate level produced by rate revision effec | ctive $03/01/2007$ |
|-------|---|---|-------------------------------|
| | (1) | (2)
Annual Premium | (3)
Percent |
| | Coverage | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage | - · · · | |
| | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | - | |
| 14. | Crop Hail | · | |
| 15. | Other Workers' | \$2,600,377 | +3.4% |
| | Compensation | 42 ,000,277 | 2 |
| | Line of Insurance | | |
| | ismo of montaneo | | |
| oes f | iling only apply to certain territory (| territories) or certain classes? If so, spe | ecify: |
| | | | |
| | | | |
| | | | |
| | | rs rates of an advisory organization, spe | |
| Ado | ption of NCCI advisory loss c | osts and rating values effective Ja | anuary 1, 2007 |
| | | Revising Effective | Date |
| | | Revising Effective | N411 |
| * A | djusted to reflect all prior rate chang | es. | |
| | nange in Company's premium level v | | |
| | sult from application of new rates. | | |
| | • • | | |
| | | | Northern Insurance Company of |
| | | N | lew York |
| | | | Name of Company |
| | | | |
| | | | |
| | | r. | Denise Goode, Secretary |

ILLINOIS DEPARTMENT OF INSURANCE **SUMMARY SHEET**

RECEIVED DEC 2 2 2006 IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

| Chan | ge in Company's premium or rate level pro | duced by rate revision effective | June 1, 2007 |
|-------------|--|---|-------------------|
| | (1) | (2)
Annual Premium | (3)
Percent |
| | Coverage | Volume (Illinois)* | Change (+ or -)** |
| 1. | Automobile Liability Private Passenger Commercial | | |
| 2. | Automobile Physical Damage Private Passenger Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity _ | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire _ | <u></u> | |
| 10. | Extended Coverage _ | | |
| 11. | Inland Marine | · · · · · · · · · · · · · · · · · · · | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Workers Compensation Line of Insurance | 2,447,283 (CY2005) | 2.0% |
| Does
No. | filing only apply to certain territory (territori | es) or certain classes? If so, specify: | |
| | description of filing. (If filing follows rates o opt NCCI's 1/1/2007 loss costs | f an advisory organization, specify org | ganization): |
| | | | |

The North River Insurance Company Name of Company

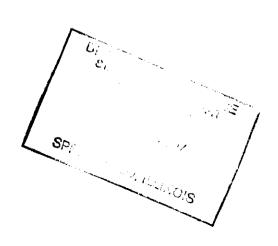
^{*}Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.

Form (RF-3) ILLINOIS DEPARTMENT OF INSURANCE **SUMMARY SHEET**

| Cha | ange in Company's premium or rate level | produced by rate revision effective | 6/1/2007 NB & RB |
|------|---|--|-------------------------------------|
| | (1)
<u>Coverage</u> | (2)
Annual Premium
<u>Volume (Illinois)*</u> | (3)
Percent
Change (+ or -)** |
| 1. | Automobile Liability Private | | |
| _ | Passenger Commercial | | |
| 2. | Automobile Physical Damage | | |
| _ | Private Passenger Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass _ | | · |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| | Extended Coverage | <u></u> | |
| | Inland Marine | | |
| | Homeowners | | |
| | Commercial Multi-Peril | | |
| | Crop Hail | | |
| 15. | Other Workers Compensation Line of Insurance | \$7,993 | -2.2% |
| Brie | ef description of filing. (If filing follows rate | es of an advisory organization, specify orga | nization): NCCI |
| | ljusted to reflect all prior rate changes.
hange in Company's premium level whic | h will result from application of new rates. | |
| | | | nnity Insurance Company |
| | | Nan | ne of Company |
| | | Tammy Blake, S | r. Analyst, Regulatory Filing |
| | | 0 | fficial – Title |
| | | JUN 0 1 20 | 07 |
| | | | ! |

| Ch | ange in Company's premium or rate lev | el produced by rate revision effective | 6/1/2007 NB & RB |
|------|---|---|-------------------------------------|
| | (1) | (2)
Annual Premium
Volume (Illinois)* | (3)
Percent
Change (+ or -)** |
| | <u>Coverage</u> | volume (minois) | Change (+ or -) |
| 1. | Automobile Liability Private Passenger Commercial | | |
| 2. | Automobile Physical Damage Private Passenger Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | <u> </u> | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | <u> </u> |
| 10. | Extended Coverage | | |
| | Inland Marine | | |
| 12. | Homeowners | | ****** |
| 13. | Commercial Multi-Peril | **** | |
| 14. | Crop Hail | | |
| | Other Workers Compensation | \$2,439,028 | -5.2% |
| | Line of Insurance | | |
| Do | es filing only apply to certain territory (te | erritories) or certain classes? If so, specify: | |
| Brie | ef description of filing. (If filing follows ra | ates of an advisory organization, specify org | anization): NCCI |
| | ljusted to reflect all prior rate changes.
hange in Company's premium level wh | ich will result from application of new rates. | |
| | | | |
| | | Peerles | s Insurance Company |
| | | Na | ame of Company |
| | | | Sr. Analyst, Regulatory Filing |
| | | • | Official – Title |



ILLINOIS SUMMARY SHEET

FEB - 1 2007

RECEIVED

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective January 1, 2007

| (1) | (2) | (3) |
|---|---------------------------------|-------------------|
| Coverage | Annual Premium | Percent |
| · | Volume (Illinois)* | Change (+ or -)** |
| 1. Automobile Liability | , | 3 (, |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | • |
| 15. Workers Compensation | 602,992 | 0 |
| 16. Other | | |
| Line of Insurance | | |
| | | |
| | | |
| | | |
| Does filing only apply to certain territory (territories) or certain c | laccae? If co. enocify | |
| boes liming only apply to certain territory (territories) of certain c | iasses? If so, specify | · |
| Brief description of filing (if filing follows rates of an advisory org | anization, specify organization | ation) |
| | | |
| | | |

Adjusted to reflect all prior rate changes.

Change in Company's premium level which will result from application of new rates.

Praetorian Insurance Company

Name of Company Official - Title

FEB - 1 2007

IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective January 1, 2007

| (1) | (2) | (3) |
|--|---------------------------------------|-------------------|
| Coverage | Annual Premium | Percent |
| 1. Automobile Liability | Volume (Illinois)* | Change (+ or -)** |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | · · · · · · · · · · · · · · · · · · · | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Workers Compensation | 0 | 0 |
| 16. Other | | |
| Line of Insurance | | |
| · · · · · · · · · · · · · · · · · · · | | |
| | | |
| | | |
| Does filing only apply to certain territory (territories) or certain | classes? If so, specify | |
| Brief description of filing (if filing follows rates of an advisory of | rganization, specify organiza | ation) |
| | - Samuation, opeon, organize | |
| | | |

Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.

Redfand Insurance Company

Name of Company

Official - Title

JAM 0 1 2007

SPRINGFIELD, ILLINOIS

| Form | (RF-3) | | SUMMARY SHE | EET |
|--------------|--|--|--|---|
| | Change in Company's premium or rate | level produced | y rate revision effective | 3/1/2007 |
| | Coverage | ුදුරට
Annual
() [N2) ඩි me | (2)
Premium
(Ulinois)* | (3) Percent Change (+ or -)** |
| 1. | Coverage Automobile Liability SPRINGFIEI Private Passenger Commercial | 0.12 | | |
| 2. | Automobile Physical Damage Private Passenger Commercial | | | |
| 3. | Liability Other Than Auto | | _ | |
| 4. | Burglary and Theft | | | |
| 5. | Glass | | | |
| 6. | Fidelity | - | • 0 • | |
| 7. | Surety | | • | |
| 8. | Boiler and Machinery | | | |
| 9. | Fire | • | | |
| 10. | Extended Coverage | | | |
| 11. | Inland Marine | | | |
| 12. | Homeowners | | | |
| 13. | Commercial Multi-Peril | | | *** |
| 14. | Crop Hail | | | |
| 15. | Other Workers Compensation | 427,251 | | -6.3% |
| | Line of Insurance | | | |
| Does f
No | iling only apply to certain territory (ter | ritories) or certai | n classes? If so, specify | : |
| Brief o | description of filing. (If filing follows are adopting the NCCI loss costs that are | rates of an adviso
e effective 1/1/07 | ry organization, specify
and the LCM tiering. | organization): |
| ** Cl | djusted to reflect all prior rate changes. hange in Company's premium level wh sult from application of new rates. | | | |
| | | | | tive Insurance Company of Carolina Name of Company |
| | | | | rame or company |

Judy Symons - State Filings Specialist

Official - Title

H29219D

FEB 1 5 2007

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

Form (RF-3)

SUMMARY SHEET

| | (+) | | Of HINGHILLD |
|----------|--|---|--------------------------|
| | | | |
| | Change in Company's premium or rate | level produced by rate revision effective | 3/1/2007 |
| | STALL | | |
| | ϕ | (2) | (3) |
| | Coverage 0 1 | 255 Annua Premium | Percent |
| | | | <u>Change (+ or -)**</u> |
| | Automobile Liability Private Passenger SPRINGFIEL Commercial | a ILLINCIS] | |
| 1. | Automobile Liability | | |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| ۷. | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Workers Compensation | 13,445,398 | +5.7% |
| | Line of Insurance | | |
| T | *** | 16 1 N | |
| | iling only apply to certain territory (ter | ritories) or certain classes? If so, specify: | |
| No_ | | | |
| | | | |
| Drief | description of filing. (If filing follows | rates of an advisory organization, specify o | rganization): |
| | | e effective 1/1/07 and implementing our L | |
| - 1100 | re adopting the recer loss costs that a | e elicotive is it of and imprementally our E | on nong. |
| | | | |
| | | | |
| | djusted to reflect all prior rate changes. | | |
| | hange in Company's premium level wh | ich will | |
| re | sult from application of new rates. | | |

Selective Insurance Company of the Southeast

Name of Company

Judy Symons – State Filings Specialist

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE **SUMMARY SHEET**

DEC 2 2 2006

Change in Company's premium or rate level produced by rate revision effective

June 1, 2007

| | (1) | (2)
Annual Premium | (3)
Percent |
|-------------|--|--|-------------------|
| | Coverage | Volume (Illinois)* | Change (+ or -)** |
| 1. | Automobile Liability Private | | |
| | Passenger Commercial | | |
| 2. | Automobile Physical Damage Private Passenger Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5 . | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Workers Compensation Line of Insurance | 7,622,568 (CY2005) | 2.0% |
| Does
No. | filing only apply to certain territory (territor | ries) or certain classes? If so, specify: | |
| | description of filing. (If filing follows rates of lopt NCCI's 1/1/2007 loss costs | of an advisory organization, specify organizat | ion): |

*Adjusted to reflect all prior rate changes.

United States Fire Insurance Company Name of Company

^{**}Change in Company's premium level which will result from application of new rates.

JAN 2 9 2007

Denise Goode, Secretary
Official - Title

Form (RF-3)

SUMMARY SHEET

IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD

| • | Change in Company's premium or rat | e level produced by rate revision effec- | tive 03/01/2007 |
|-------------|---|---|--------------------------|
| | (1) | (2)
Annual Premium | (3)
Percent |
| | Coverage | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | <u></u> | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11.
12. | Inland Marine Homeowners | | |
| 12.
13. | Commercial Multi-Peril | | |
| 13.
14. | | | |
| 15. | Crop Hail
Other Workers' | \$50,419,277 | +2.0% |
| 15. | WOIREID | \$30,419,277 | T2.070 |
| | Compensation | | |
| | Line of Insurance | | |
| Does f | iling only apply to certain territory (te | erritories) or certain classes? If so, spec | cify: |
| Doesi | ining only upply to certain territory (a | on torical of contain classes. If so, spe- | |
| | | · · · · · · · · · · · · · · · · · · · | |
| | | | |
| Brief d | lescription of filing. (If filing follows | s rates of an advisory organization, spec | cify organization): |
| Ado | ption of NCCI advisory loss co | sts and rating values effective Ja | nuary 1, 2007 |
| | | | |
| | Revisi | ng Effective DAte | |
| | | 7- | |
| * Ac | ijusted to reflect all prior rate change | s. | |
| | nange in Company's premium level w | hich will | |
| res | sult from application of new rates. | | |
| | | | |
| | | 7: | urich American Insurance |
| | | | ompany |
| | | | Name of Company |
| | | | |
| | | | |

JAN 2 9 2007

Form (RF-3)

SUMMARY SHEET

IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD

| , | Change in | Company's premium or i | ate level produced by rate revision effective | 03/01/2007 |
|--------|------------|---|---|-------------------|
| | | (1) | (2)
Annual Premium | (3)
Percent |
| | | Coverage | Volume (Illinois)* | Change (+ or -)** |
| 1. | | obile Liability
e Passenger | | |
| | Comn | nercial | | |
| 2. | Privat | obile Physical Damage
e Passenger
nercial | | |
| 3. | | y Other Than Auto | | |
| 4. | | y and Theft | *** | |
| 5. | Glass | • | | |
| 6. | Fidelity | , | | |
| 7. | Surety | | | |
| 8. | Boiler a | and Machinery | | |
| 9. | Fire | | | |
| 10. | Extende | ed Coverage | | |
| 11. | Inland l | Marine | | |
| 12. | Homeo | | | |
| 13. | | ercial Multi-Peril | | |
| 14. | Crop H | | | |
| 15. | Other | Workers' Compensation | \$3,626,749 | +2.8% |
| | | Line of Insurance | | |
| oes fi | iling only | apply to certain territory | (territories) or certain classes? If so, specify: | |
| | | | | |
| | | | ws rates of an advisory organization, specify o | |
| Ado | ption of | NCCI advisory loss of | osts and rating values effective Januar | ry 1, 2007 |
| | | <u>.</u> | Revisins Errective d | nte |
| | | | コンフロス・カメー ラビをのだしがく (1) | N 440 |

Change in Company's premium level which will result from application of new rates.

Zurich American Insurance Company of Illinois

Name of Company

Denise Goode, Secretary Official - Title